


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE	
Case 07-CA-305163	Date Filed Oct 13, 2022

**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

<b>1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT</b>	
a. Name of Employer Munson Healthcare, Munson Medical Group	b. Tel. No. 231-935-5899 / 231-935-6491
	c. Cell No.
	f. Fax No.
d. Address (Street, city, state, and ZIP code) 1105 Sixth Street Traverse City, MI 49684	e. Employer Representative (b) (6), (b) (7)(C)
	g. e-mail (b) (6), (b) (7)(C)@hmc.net / (b) (6), (b) (7)(C)@hmc.net
	h. Number of workers employed 22
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Patient Care
The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Since on or about October 3, 2022, the Employer has failed and refused to bargain with Charging Party despite the fact it represents a substantial and representative complement of employees.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) Northwest Michigan CRNAs and Associates	
4a. Address (Street and number, city, state, and ZIP code) P.O. Box 1468 Traverse City, MI 49685	4b. Tel. No.
	4c. Cell No.
	4d. Fax No.
	4e. e-mail NWMCA231@gmail.com
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)	
<b>6. DECLARATION</b>	
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
 (signature of representative or person making charge)	Robert J. Finkel/Attorney (Print/type name and title or office, if any)
32300 Northwestern Highway, Suite 200 Address Farmington Hills, MI 48334	Tel. No. 248-855-6500
Date 10/13/2022	Office, if any, Cell No.
	Fax No. 248-855-6501
	e-mail rfinkel@rwl-law.com

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE

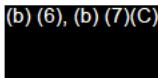

07-CA-305163

Date Filed  
Feb 7, 2023

**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

<b>a. Name of Employer</b> Munson Medical Group, a subsidiary of Munson Medical Center; and Munson Healthcare Manistee Hospital, subsidiaries of Munson Healthcare, a Single Employer		<b>b. Tel. No.</b> 231-935-5899 / 231-935-6491
		<b>c. Cell No.</b>
		<b>f. Fax No.</b>
<b>d. Address (Street, city, state, and ZIP code)</b> 1105 Sixth Street Traverse City, MI 49684	<b>e. Employer Representative</b> (b) (6), (b) (7)(C) 	<b>g. (b) (6), (b) (7)(C)</b>  @hmc.net <b>h. Number of workers employed</b> 22
<b>i. Type of Establishment (factory, mine, wholesaler, etc.)</b> Healthcare	<b>j. Identify principal product or service</b> Patient Care	

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (1st subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

Since on or about October 3, 2022, the Employer has failed to recognize and bargain with the Union despite the fact that it represents a substantial and representative complement of employees.

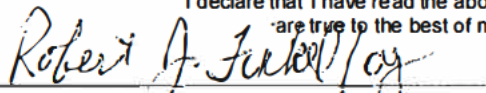
Since on or about October 3, 2022, the Employer has made unilateral changes to the terms and conditions of employees represented by the Union without providing the Union with prior notice or an opportunity to bargain.

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**

Northwest Michigan CRNAs and Associates

<b>4a. Address (Street and number, city, state, and ZIP code)</b>  P.O. Box 1468 Traverse City, MI 49685	<b>4b. Tel. No.</b>
	<b>4c. Cell No.</b>
	<b>4d. Fax No.</b>
	<b>4e. e-mail</b> NWMCA231@gmail.com

**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

<b>6. DECLARATION</b> I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.  (signature of representative or person making charge) Robert J. Finkel/Attorney (Print/type name and title or office, if any) 32300 Northwestern Highway, Suite 200 Farmington Hills, MI 48334 Address		<b>Tel. No.</b> 248-855-6500 <b>Office, if any, Cell No.</b>  <b>Fax No.</b> 248-855-6501 <b>e-mail</b> rfinkel@fwf-law.com
Date 2/7/23		

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